



## Rock Hill Farmers Market 2022 Vendor Application

Name(s): \_\_\_\_\_

Farm or Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

### Rock Hill Farmers Market Dates of operation:

- Please check each date you plan on participating
- Saturdays 10am-1pm

June 4<sup>th</sup> \_\_\_\_\_

Aug 6<sup>th</sup> \_\_\_\_\_

June 11<sup>th</sup> \_\_\_\_\_

Aug 13<sup>th</sup> \_\_\_\_\_

June 18<sup>th</sup> \_\_\_\_\_

Aug 20<sup>th</sup> \_\_\_\_\_

June 25<sup>th</sup> \_\_\_\_\_

Aug 27<sup>th</sup> \_\_\_\_\_

July 2<sup>nd</sup> \_\_\_\_\_

Sep 3<sup>rd</sup> \_\_\_\_\_

July 9<sup>th</sup> \_\_\_\_\_

Sep 10<sup>th</sup> \_\_\_\_\_

July 16<sup>th</sup> \_\_\_\_\_

Sept 17<sup>th</sup> \_\_\_\_\_

July 23<sup>rd</sup> \_\_\_\_\_

Sep 24<sup>th</sup> \_\_\_\_\_

July 30<sup>th</sup> \_\_\_\_\_

\*The Rock Hill Farmers Market will be held rain or shine

\*Please call ahead if you need to cancel your space on a given date 845-397-0376

\*RH Farmers' Market reserves the right to allow a *limited* number of Specialty Vendors (see Rules & Regs) who produce and sell their own products/goods

Stall Requirements: Stalls are 10' x 10' \_\_\_\_\_ (12' x 12' upon request to Market Manager): \_\_\_\_\_

**ALL APPLICATIONS ARE DUE BY April 1st 2022**

Membership Fees and Vendor Requirements

All vendors wishing to participate in the Rock Hill Farmers Market must pay membership fees, stall deposits, submit a copy of the Certificate of Insurance, provide copies of sales Tax certificate (if applicable) and Kitchen permits from the NYS Board of Health or the Department of Agriculture and Markets (if applicable).

Membership Fees: Are to accompany the application. The membership fee is \$50. Please make check payable to the **Rock Hill Business and Community Association**. (Your check will be returned if your application does not meet our requirements. Please refer to Rules and Regulations.)

Stall Fee: Is due each market day that you participate. The stall fee is \$20 and is collected by the Market Manager before the close of the market.

Pre-Pay Discount: If vendors pay in full for the market season a discounted rate will be given at \$275 for the entire season. This will include all stall fees for the season **and** the membership fee.

Certificate of Insurance: At least \$500,000 for general (premise and product) liability insurance naming the **Rock Hill Business & Community Association** as an additionally insured must accompany this application.

Insurance Company: \_\_\_\_\_

Sales Tax: Copy of your Sales Tax Certificate (if applicable)

Sales Tax # : \_\_\_\_\_

Other: Any permits, licenses or certificates that are required of you need to be copied and attached with your application.

Farmers Market Nutritional Program:

\_\_\_\_\_ I am interested in participating in the Farmers Market Nutritional Program (FMNP) and will accept FMNP vouchers at the Market. (only produce growers are eligible)

\_\_\_\_\_ I would like more information about the FMNP

\_\_\_\_\_ I would like an application for the FMNP when they become available

\_\_\_\_\_ I would like to participate in the SNAP program.

\*Please describe the vehicle, if any, you would like to be using (truck/car/van) and its length.

\_\_\_\_\_ Make and Model

\_\_\_\_\_ Size

\_\_\_\_\_ License

If you have any questions or need additional information, please call:

Melinda Meddaugh, Rock Hill Farmer's Market

845-397-0376

rhfarmersmarket@gmail.com

Market Agreement

I have read the vendor application and the Rock Hill Farmers Markets Rules and Regulations. If accepted into this market, I hereby agree to abide by the Rules and Regulations adopted by the Rock Hill Farmers Market (RHFM). I agree to sell only those items listed in the Vendor application form unless an additional request is granted by the Market Manager at a later date. I acknowledge full responsibility for all my actions and activities in the Market (and those assisting me) throughout the term of this season's market (June 4<sup>th</sup>- September 24<sup>th</sup>). I acknowledge the authority of the Market Manager to settle any disputes regarding product legitimacy; procedural and vendor conduct violations, and impose any penalties including possible suspension or removal from the market. I agree to allow the Market Manager or representatives from the Rock Hill Farmers Market committee to inspect with proper notice the premises where the products offered for sale are produced.

I certify that the information contained in this application is true and accurate.

Business Name: \_\_\_\_\_

Vendors Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indemnity Agreement

As a vendor I (we) agree to release, indemnify and hold harmless the Rock Hill Farmers Market, the Rock Hill Business and Community Association, GottLand, and each of their respective trustees, members, officers, directors, employees and representatives, from and against any and all matters, things, injuries, damage, cost, losses, liabilities, expenses, and claims arising out of, relating to, or with respect to the Rock Hill Farmers Market whether any such injury, damage, etc. is to person or property.

Accepted and Agreed to:

Business Name: \_\_\_\_\_

Vendors Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail To:**

Rock Hill Farmers Market  
Attn. Market Manager  
PO Box 280  
Rock Hill NY, 12775

**Enclosure Checklist:**

- \_\_\_\_\_ Completed Application
- \$ \_\_\_\_\_ Membership fee (\$50) **OR**
- \$ \_\_\_\_\_ Discount Pre-pay of SEASON stall fees \$275 (optional)
- \_\_\_\_\_ Copy of Certificate of Insurance
- \_\_\_\_\_ Copy of Sales Tax Certificate (if applicable)
- \_\_\_\_\_ Copy of Application permits (if applicable)
- \_\_\_\_\_ List of Products and produce
- \$ \_\_\_\_\_ TOTAL ENCLOSED**

Please make checks payable to: **Rock Hill Business & Community Association**

Produce and Products you would like to sell:

I am applying as     Agricultural Producer     Value-Added Producer/Specialty Vendor

Please be specific and list all items for consideration. Indicate whether the items are grown or made by you or not (brokered). List all types of produce, nursery stock, flowers, prepared foods, processed foods, baked goods, animals and animal products, etc. Produce and products not produced by you (brokered) cannot exceed 25% of your total. Value-added products not produced by you (brokered) may not exceed 10%.

Item	Grown	Brokered	Approved

Notes/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_